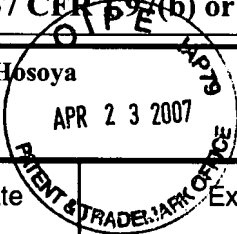


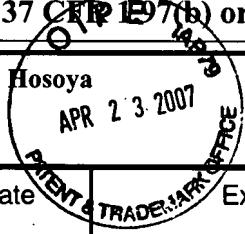
TFJ

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))					Docket No. 17092	
In Re Application Of: Ryoichi Hosoya						
						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/679,585	October 6, 2003	Unassigned	23389	3623	5930	
Title: MEDICAL SERVICE ASSISTING DEVICE						
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
37 CFR 1.97(b)						
1. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.						
37 CFR 1.97(c)						
2. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:						
<input checked="" type="checkbox"/> the statement specified in 37 CFR 1.97(e);						
OR						
<input type="checkbox"/> the fee set forth in 37 CFR 1.17(p).						

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT
(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.
17092

In Re Application of: Ryoichi Hosoya



Application No. 10/679,585	Filing Date October 6, 2003	Examiner Unassigned	Customer No. 23389	Group Art Unit 3623	Confirmation No. 5930
-------------------------------	--------------------------------	------------------------	-----------------------	------------------------	--------------------------

Title: **MEDICAL SERVICE ASSISTING DEVICE**

Payment of Fee

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☐ A check in the amount of _____ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 19-1013/SSMP as described below.
- ☐ Charge the amount of _____
- ☐ Credit any overpayment.
- ☐ Charge any additional fee required.
- ☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Certificate of Transmission by Facsimile*

I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fa

(Date)

Signature

Typed or Printed Name of Person Signing Certificate

Certificate of Mailing by First Class Mail

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

4/20/2007
(Date)

Signature of Person Mailing Correspondence

Thomas Spinelli
Typed or Printed Name of Person Mailing Certificate

*This certificate may only be used if paying by deposit account.

Dated: April 20, 2007

Thomas Spinelli
Registration No.: 39,533

Signature

CC:



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Ryoichi Hosoya	Examiner:	Unassigned
Serial No:	10/679,585	Art Unit:	3623
Filed:	October 6, 2003	Docket:	17092
For:	MEDICAL SERVICE ASSISTING SYSTEM	Dated:	April 20, 2007

Confirmation No. 5930

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Sir:

In accordance with 37 C.F.R. §§ 1.97 and 1.98, it is requested that the following references, which are also listed on the attached Form PTO-1449, be made of record in the above-identified case.

1. U.S. Patent Application Publication No. 2002/0046062 published April 18, 2002 to Kameda; and
2. International Publication No. WO 02/082348 A2 published October 17, 2002.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 20, 2007.

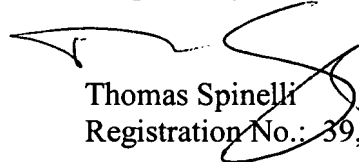
Dated: April 20, 2007


Thomas Spinelli

The references were cited in an International Search Report dated February 2, 2007. Applicants are submitting copies of the above-cited references required by 37 C.F.R. 1.98 (a)(2)(i) and (ii), together with a copy of the Search Report. The relevance of the above-identified references has been described in the Search Report.

I hereby state that each item of information contained in this Information Disclosure Statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Information Disclosure Statement.

Respectfully submitted,



Thomas Spinelli
Registration No.: 39,533

Scully, Scott, Murphy & Presser, P.C.
400 Garden City Plaza, Suite 300
Garden City, New York 11530
(516) 742-4343
TS/kl

Sheet 1 of 1

Form PTO-1449 U.S. DEPARTMENT OF COMMERCE (REV. 7-80) PATENT AND TRADEMARK OFFICE LIST OF PRIOR ART CITED BY APPLICANT (Use several sheets if necessary)	Atty. Docket No. 17092	Application No. 10/679.585
	Applicants Ryoichi Hosoya	
	Filing Date October 6, 2003	Group 3623

U.S. PATENT DOCUMENTS

EXAMINER INITIAL*	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE (if appropriate)

U.S. PATENT PUBLICATION DOCUMENTS

	2002/0046062	4/18/02	Kameda			

FOREIGN PATENT DOCUMENTS

	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
						YES	NO
	WO 02/082348	10/17/02	PCT				

OTHER PRIOR ART (Including Author, Title, Date, Pertinent Pages, Etc.)

EXAMINER	DATE CONSIDERED
-----------------	------------------------

* **EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609; draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.